

# South Dakota Lifeline and Link-Up Assistance Application

(Please Print or Type)

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ Middle Initial: \_\_\_\_\_

Billing Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ ZIP:\_\_\_\_\_

Residential Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ ZIP:\_\_\_\_\_

Social Security Number:\_\_\_\_\_ Telephone Number:\_\_\_\_\_ (if existing service)

Telephone number where you can be reached or receive messages\_\_\_\_\_

I am applying for: \_\_\_\_\_ Lifeline (monthly telephone service discount)

\_\_\_\_\_ Link-Up (telephone connection charge discount)

\_\_\_\_\_ Toll Limitation Service (free toll blocking or toll control)

I currently participate in one or more of the following programs: (Check all that apply.)

\_\_\_\_\_ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)

\_\_\_\_\_ Food Stamps

\_\_\_\_\_ Supplemental Security Income (SSI)

\_\_\_\_\_ Federal Public Housing Assistance Program (Section 8)

\_\_\_\_\_ Low-Income Energy Assistance Program (LIEAP)

\_\_\_\_\_ Temporary Assistance to Needy Families Program (TANF)

\_\_\_\_\_ National School Lunch Program's Free Lunch Program

\_\_\_\_\_ **OR** My household income is at or below 135% of the Federal Poverty Guidelines.

*If you do not participate in one or more of the programs listed above, you may qualify for Lifeline and Link-Up if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below). You must provide proof of your household income to verify your eligibility.*

## 2008 Health and Human Services Poverty Guidelines

Number in Residence	135% Guideline (Annual)	135% Guideline (Monthly)	Number in Residence	135% Guideline (Annual)	135% Guideline (Monthly)
1	\$14,040	\$1,170	5	\$33,480	\$2,790
2	\$18,900	\$1,575	6	\$38,340	\$3,195
3	\$23,760	\$1,980	7	\$43,200	\$3,600
4	\$28,620	\$2,385	8	\$48,060	\$4,005

For each additional person after 8, add \$4,860 to the annual guideline or \$405 to the monthly guideline.

*Source: Federal Register, Vol. 73 No. 15, January 23, 2008 pp. 3971-3972 (Applicable to 48 contiguous states only.)*

I agree to notify the telephone company when I no longer qualify for this program based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand that I must meet at least one of the above qualifications to receive Lifeline, Link-Up or Toll Limitation Service assistance on my primary residential telephone line.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Provide the completed application and appropriate proof of household income to your local phone company.*

For more information about Lifeline and Link-Up, see [www.PUC.SD.gov/Lifeline](http://www.PUC.SD.gov/Lifeline)